

Interoperability through Patient Access

CMS proposed rule

Comments due May 3, 2019

This proposed rule is intended to move the health care ecosystem in the direction of increased interoperability, and to signal commitment to the vision set out in the 21st Century Cures Act and Executive Order 13813 to improve access to, and the quality of, information that Americans need to make informed health care decisions, including data about health care prices and outcomes, while minimizing reporting burdens on affected plans, health care providers, or payers.

Proposal: Require Medicare Advantage (MA) organizations and Qualified Health Plans (QHP) by 1/1/2020 and Medicaid and CHIP fee for service (FFS) programs and Managed Care plans by 7/1/2020 to do the following:

- Implement, publish and maintain (including regular testing) an open FHIR API that permits third-party applications to retrieve, with the approval and direction of the enrollee, the following data:
 - Medical and pharmacy adjudicated claims or encounter data, provider remittances and enrollee cost sharing within 1 business day after the claim is processed.
 - Updated provider directory data for medical providers and pharmacies within 30 days of any change (QHP excluded as they already do this)
 - Clinical data including lab data
 - Formulary data including utilization management procedures
- Be part of a trusted exchange network
 - That handles PHI
 - Connects with inpatient and ambulatory EHRs
 - Supports messaging or query between providers, payers and patients
- Provide consumer education information
 - How to keep data secure
 - How to distinguish HIPAA and non-HIPAA entities
 - How to submit a complaint to OCR or FTC
- In addition, MA's and MCOs must maintain a coordination process for
 - Receipt of 5 years prior claim (USCDI format) data from prior plan
 - Sending of data (USCDI) for up to 5 years from disenrollment to new plan or designated recipient

Also, CMS encourages all payers to follow its example and align with the Da Vinci Project to: (1) Develop a similar lookup service for prior authorization; (2) populate it with their list of items / services for which prior authorization is required; and (3) populate it with the documentation rules (Medicare used oxygen and CPAP).

Proposal: Require that Hospitals, Critical Access Hospitals (CAH), Psychiatric Hospitals (by January 2021?):

- Send notifications of admission/discharge directly or ***indirectly*** to providers, patient care team, post-acute providers with an established relationship
- Must include minimum patient information
- Publicly identify Hospitals that answer “no” to attestation questions preventing information blocking

Proposal: Publicly identify Providers (by July 2020):

- That have not updated their digital contact information on NPPESS
- Answer “no” to attestation questions preventing information blocking